

Legislative Audit Division

State of Montana



Report to the Legislature

September 2004

Performance Audit

Caseload Management

Department of Public Health and Human Services

Child and Family Services Division
Child Support Enforcement Division
Human and Community Services Division
Disability Services Division
Senior and Long Term Care Division

This audit report concludes on the department's procedures for managing caseloads and staff workload. The report makes a recommendation to improve this process by developing management action plans that address:

- ▶ Developing caseload/workload management policies and procedures.
- ▶ Establishing useful management reports to better manage caseloads.
- ▶ Defining criteria to close cases.
- ▶ Performing on-going management assessment to address problems and documenting successes.

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Members of the performance audit staff hold degrees in disciplines appropriate to the audit process. Areas of expertise include business and public administration, statistics, economics, political science, criminal justice, computer science, education, biology, accounting, and finance.

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September 2004

The Legislative Audit Committee
of the Montana State Legislature:

This performance audit examined the processes used by the Department of Public Health and Human Services to manage staff caseloads. The audit identified department programs with effective systems for managing caseloads. This report also makes a recommendation on how department programs can improve caseload management procedures.

We wish to express our appreciation to the management and staff of the department for their cooperation and assistance during the audit. The department's response to this report is included at the end of the report.

Respectfully submitted,

(Signature on File)

Scott A. Seecat
Legislative Auditor

Legislative Audit Division

Performance Audit

Caseload Management

Department of Public Health and Human Services

Child and Family Services Division

Child Support Enforcement Division

Human and Community Services Division

Disability Services Division

Senior and Long Term Care Division

Members of the audit staff involved in this audit were Bridget Butler, Angie Grove, and Joe Murray.

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Introduction

In October 2002, the Legislative Audit Division (LAD) issued a performance audit report on child protective services (02P-02) administered by the Department of Public Health and Human Services (DPHHS). DPHHS officials believed a lack of resources to handle on-going caseloads was a cause for certain problems identified during the audit. The audit recommended the department's Child and Family Services Division establish a caseload tracking system to further analyze social worker activities and help establish division work priorities. The audit raised questions among legislators on how the department, as a whole, manages staff caseloads. As a result, the Legislative Audit Committee requested a department-wide review of DPHHS caseload management procedures.

Audit Scope

Since DPHHS has eleven divisions administering a variety of services, the first decision in setting audit scope was to determine which divisions would be included in the caseload audit. To help guide this decision, we developed specific criteria divisions (or division programs) had to meet. Based on the criteria developed, the following divisions or programs were included in the audit.

- ▶ Child and Family services Division (CFSD)
- ▶ Child Support Enforcement Division (CSED)
- ▶ Public Assistance Bureau (PAB)
- ▶ Vocational Rehabilitation Program (VR)
- ▶ Developmental Disabilities Program (DD)
- ▶ Adult Protective Services Program (APS)

Some DPPHS Program Caseloads Increased While Others Decreased

We analyzed caseload trends for each program for fiscal years 1997-98 through 2002-03. Our analysis found caseloads for some DPHHS programs increased while others decreased over the last six years.

Some of our observations of caseload trends included:

- ▶ APS experienced the largest percentage increase (16.58 percent) in caseloads.
- ▶ CFSD (children in care) had the largest percentage decrease (9.54 percent) in caseloads.

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- ▶ PAB's Food Stamp program had the greatest increase in number of cases (3,508).
- ▶ CSED experienced the largest decline in number of cases (1,084).

Caseworkers Believe Their Caseloads Have Increased

Even though department data shows statewide caseloads for many programs have either declined or remained stable, a survey of DPHHS caseworkers noted the majority believe their caseloads have increased. In some instances, changes in case management requirements, such a stricter federal or state law, give caseworkers the perception their caseloads have increased even though they may have declined or remained stable. In other instances, staff turnover, vacancy savings, and shifting state population increased caseloads for some caseworkers even though overall program caseloads may not have increased.

Department Programs Have Effective Case Management

Audit work found CSED, PAB, VR and DD have effective methods for managing staff caseloads and workload. In general, program managers assess program caseload trends, verify the number of cases carried by caseworkers, measure workload associated with caseloads, prioritize workload activities, and reallocate program resources (i.e. staff) to where they are most needed.

Effective Methods Have Four Characteristics in Common

The caseload management techniques used by these four programs are not the same, but they have four common characteristics. We note that in order for programs to effectively manage caseloads and workload, these four characteristics must exist. These include:

1. Detailed policies and procedures related to caseload management.
2. Information from federally required management information systems condensed into easier-to-use management reports.
3. Defined criteria and controls for closing cases.
4. Program management performing on-going assessment of program activities.

Audit work determined it is not necessary for programs to have new, potentially high-cost systems to enhance their ability to track and manage caseloads for their programs. For example, the programs we

found with effective caseload management systems have achieved this by using existing computer applications. A major benefit of these systems is providing management with a low-cost alternative to analyze program resources and allocate them to areas of the state where they are most needed.

CFSD and APS Could Improve Caseload/Workload Management

The department could improve how two programs, CFSD and APS, manage staff caseload and workload. These programs did not have sufficient policies and procedures related to caseload management, useful data to help program managers manage staff caseload and workload, or on-going assessment of program activities. National standards recommend programs like CFSD and APS have systems in place to track staff caseload and workload and make more informed decisions related to caseload distribution and staffing needs.

Over the last six years, CFSD and APS received increased funding for FTE (for both caseworkers and non-caseworkers). We were unable to determine whether the increases received by CFSD and APS were justified because neither program had quantifiable information showing the need for the additional resources.

DPHHS needs to develop an on-going process for department programs to share caseload/workload management ideas. CFSD and APS could use the process to develop better systems to manage caseloads. One way of doing this is for programs to develop management strategies on how caseloads should be managed and share information between programs. These strategies should be based upon the four elements of caseload management including: policies and procedures, useful management reports, case closure, and on-going management assessment of program activities.

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Introduction

In October 2002, the Legislative Audit Division (LAD) issued a performance audit report on child protective services (02P-02) administered by the Department of Public Health and Human Service (DPHHS). DPHHS officials believed a lack of resources to handle on-going caseloads was a cause for certain problems identified during the audit. The audit recommended the department's Child and Family Services Division establish a caseload tracking system to further analyze social worker activities and help establish division work priorities. The audit raised questions among legislators on how the department, as a whole, manages staff caseloads. As a result, the Legislative Audit Committee requested a department-wide review of DPHHS caseload management procedures.

Audit Objectives

We conducted a preliminary review of department programs to help focus our audit objectives. Based on this work, we developed the following audit objectives:

- ▶ Determine what caseload information DPHHS and the legislature uses when making resource decisions for department programs.
- ▶ Determine how caseloads are used to make resource allocation decisions.
- ▶ Determine internal and external factors that impact caseloads.
- ▶ Make recommendations, if needed, to improve how the department manages caseloads.

Audit Scope

Since DPHHS has eleven divisions administering a variety of services, a major decision in setting audit scope was to determine which divisions would be included in the caseload audit. We developed four questions to help guide our decision:

- ▶ Does the division assign caseload to specific staff?
- ▶ Does the division provide customer service that meets the department's mission?
- ▶ Has the division experienced recent changes in FTE levels?

Chapter I – Introduction

- ▶ Does the division’s size increase the risk of case management problems?

To be included in our audit scope, a division had to meet at least three of the criteria. If only one program within a division met the criteria, this was the only program included in the audit. Based on the developed criteria, we audited caseload management procedures for the following divisions/programs.

Child and Family Services Division

The Child and Family Services Division (CFSD) is responsible for providing child protective services. Its mission is to “keep children safe and families strong.” The division administers a variety of services to help protect children who are abused or neglected. These include child protective services, foster care, adoption, family preservation and support, and referrals to community and private sector service providers. Division staff located in field offices around the state generally administer child protective services cases.

Child Support Enforcement Division

The Child Support Enforcement Division (CSED) provides federally mandated child support enforcement services. These services include:

- ▶ Location of absent parents
- ▶ Paternity establishment
- ▶ Financial and medical support order establishment
- ▶ Enforcement of current and past due child support
- ▶ Medical and spousal support
- ▶ Modification of child support orders

Child support enforcement activities are primarily handled by caseworkers located in Billings, Butte, Great Falls, Helena, and Missoula.

Public Assistance Bureau

The Public Assistance Bureau (PAB) within the Human and Community Services Division administers most of the division's caseload activities. PAB staff determines eligibility for public assistance programs including Temporary Assistance for Needy Families (TANF), Food Stamps, and Medicaid. Most of the bureau's caseworkers are located within 19 local Offices of Public Assistance that supervise public assistance operations in all 56 counties.

Vocational Rehabilitation Program

The Vocational Rehabilitation (VR) program within the Disability Services Division offers services to individuals with disabilities. These services are designed to improve employment opportunities and provide quality of life services to individuals who have a physical, mental or emotional impairment that creates a barrier to employment. Caseworkers are located in offices in 10 communities statewide and are responsible for all aspects of service, including reviewing applications and determining eligibility, developing Individual Plans for Employment, and coordinating services with appropriate providers.

Developmental Disabilities Program

The Developmental Disabilities (DD) program within the Disability Services Division administers the department's community based rehabilitation and support services for children and adults with developmental disabilities and their families. Clients include individuals who are at risk of developmental disabilities, individuals having severe mental retardation, and individuals who have maladaptive behaviors or multiple conditions. The DD program uses both state and private sector case managers located in local communities to coordinate services to clients.

Adult Protective Services Program

Adult Protective Services (APS) are provided by the Senior and Long Term Care Division. These services are provided to persons over the age of 60 to reduce or remove the risk of physical or mental harm occurring as a result of abuse, neglect or exploitation. APS staff investigate complaints, coordinate family and community support resources, strengthen current living situations, develop and protect personal financial resources, and facilitate legal intervention.

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Audit Methodologies

An electronic survey was developed and e-mailed to department caseworkers, field supervisors, and program managers. The term “caseworker” applies to employees who have decision-making authority over individual cases on a day-to-day basis. Caseworkers include employees responsible for client intake, eligibility determination, vocational/disability rehabilitation and counseling, and social work. This survey gathered information from several programs on how cases are assigned to staff, supervision requirements, resource allocation, caseload tracking systems, factors impacting caseloads, and case closure procedures. We sent 682 surveys to caseworkers and received 340 responses (a 50 percent response rate). We also sent 102 surveys to program managers and field supervisors and received 86 responses (an 84 percent response rate). We analyzed survey results to identify strengths and weaknesses in how the department’s programs manage caseloads.

We interviewed DPHHS management and staff to gain an understanding of how DPHHS programs manage caseloads. Position descriptions, goals and objectives, and policies and procedures were reviewed to determine staff and management responsibilities for managing caseloads. We also reviewed federal and state laws and rules for each program to determine how they impact caseload management.

Department reports used to track caseloads for each program were evaluated to determine their usefulness in managing resources and staff caseloads. We also reviewed data related to FTE, budgets, and caseloads for fiscal years 1997-98 through 2002-03. This information helped us to identify caseload trends and correlations between caseload sizes and increases/decreases in program resources and staff.

We reviewed the extent caseload information is used to establish budgets for DPHHS programs reviewed. To accomplish this, we interviewed legislators, Office of Budget and Program Planning staff, and Legislative Fiscal Division staff. We also reviewed

approved budgets for the 1997-98 through 2004-05 biennium and obtained budget information from each program.

We interviewed members of the Health and Human Services Appropriation Subcommittee. They indicated their expectations for the department were to set staff workload priorities and have systems in place to manage current resources as efficiently as possible. These legislators were also interested in knowing if programs managed caseloads the same or if there were differences in management techniques.

We obtained criteria for this audit from a variety of sources. We used department policies and procedures, staff position descriptions, department case management handbooks, DPHHS business plans, and goals and objectives. We also used effective department caseload management systems as examples of how other DPHHS programs could improve their systems. We obtained information from outside sources such as the Child Welfare League of America and the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. ACF is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities.

Scope Exclusions

We did not audit or test the accuracy/reliability of data maintained on the department's management information (computer) systems used to track caseloads. We relied on an LAD information system audit of DPHHS computer systems to ensure controls are in place over these systems (03DP-05). Since the audit focused on services provided to clients on a one-to-one basis by caseworkers, the department's institutions were also excluded because these services generally do not meet this criterion.

Data Limitations

We requested historical budget and FTE information (back to fiscal year 1997-98) for each program, but not all of them were able to provide this information primarily due to internal department reorganization. For example, in 1999 certain portions of the Child and Family Services Division were moved to create the Human and

Chapter I – Introduction

Community Services Division. This reorganization resulted in reclassification of several positions making it difficult to obtain, and therefore evaluate, historical data for certain programs within the division.

Report Organization

The remainder of this report is organized as follows:

- ▶ Chapter II presents historical caseload and staffing trends.
- ▶ Chapter III discusses the common characteristics identified in effective caseload management systems within the department.
- ▶ Chapter IV discusses improvements needed in department management of caseloads.

Chapter II – Caseload And Staffing Trends

Introduction

This chapter provides information on caseload trends for the six selected Department of Public Health and Human Services (DPHHS) programs. It also highlights programs that received additional funding for staff over the last several years.

Some DPHHS Program Caseloads Increased While Others Decreased

Our analysis of each program found caseloads for some DPHHS programs increased while others decreased over the last six years. The following table illustrates total caseloads for each program for fiscal years 1997-98 through 2002-03.

Table 1								
Statewide Caseloads For DPHHS Programs								
(Fiscal Years 1997-98 through 2002-03)								
<u>Program</u>	<i>Caseloads by Fiscal Year</i>						<i>Change Between 1998 & 2003</i>	
	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>Number</u>	<u>Percent</u>
Child Support Enforcement	40,825	40,463	39,530	38,613	38,440	39,741	(1,084)	(2.66%)
Public Assistance								
FAIM/TANF	6,647	5,344	4,640	4,764	5,659	6,163	(484)	(7.28%)
Medicaid Eligibility*	68,338	64,060	57,162	60,240	64,526	68,983	645	.94%
Food Stamps	25,584	25,279	25,267	26,070	27,205	29,092	3,508	13.71%
Vocational Rehabilitation	7,594	7,674	8,083	7,854	7,852	8,031	437	5.75%
Developmental Disabilities	2,238	2,301	2,406	2,482	2,501	2,575	337	15.06%
Adult Protective Services	2,213	2,320	2,362	2,339	2,458	2,580	367	16.58%
Child & Family Services								
Reports	No data	15,588	15,774	15,143	16,009	15,773	185	1.19%
Investigations	No data	9,872	9,707	9,327	9,150	9,413	(459)	(4.65%)
Children in care	No data	2,023	2,142	2,033	1,880	1,830	(193)	(9.54%)
* Excludes state institutions								
Source: Compiled by the Legislative Audit Division from department records.								

As shown in the table, there are different ways to view caseload trends over the last six years. Some of our observations include:

Chapter II – Caseload And Staffing Trends

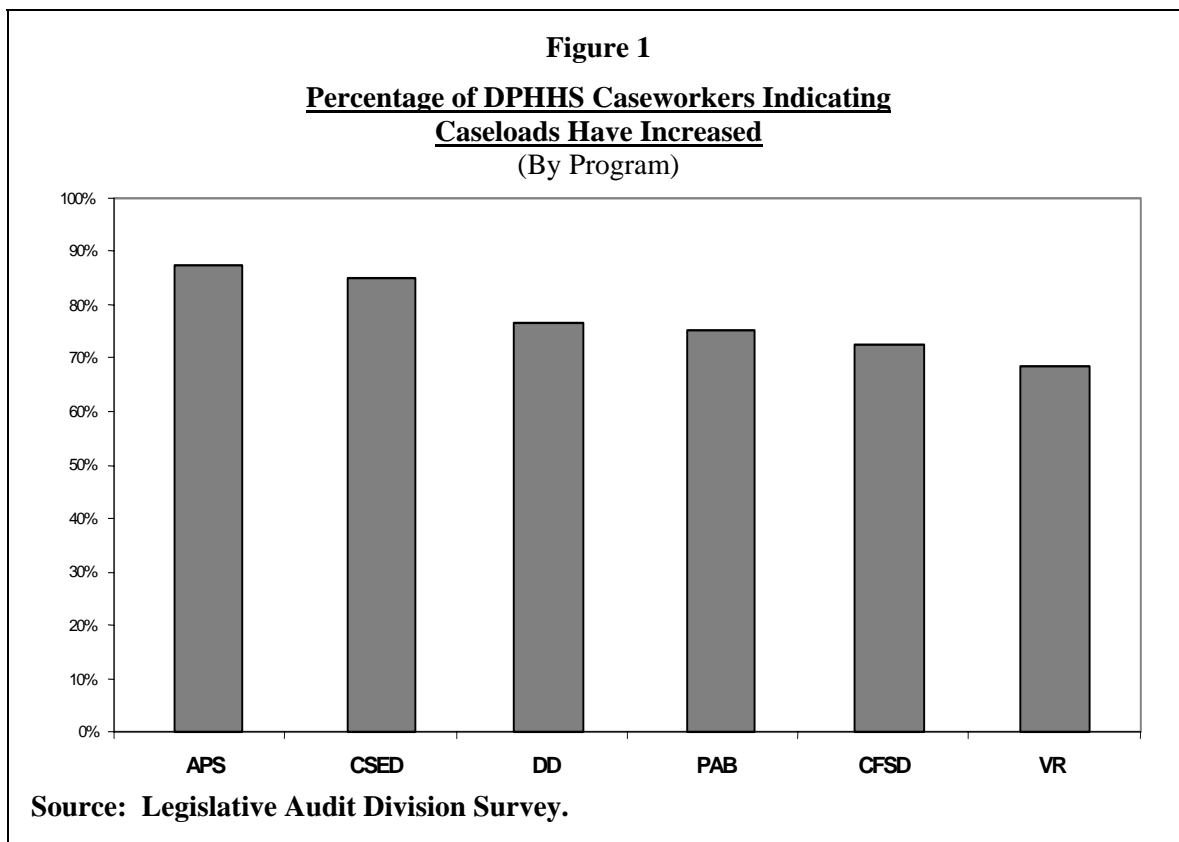
- ▶ Adult Protective Services experienced the largest percentage increase (16.58 percent) in caseloads.
- ▶ Child and Family Services Division (children in care) had the largest percentage decrease (9.54 percent) in caseloads.
- ▶ Public Assistance Bureau's Food Stamp program had the greatest increase in number of cases (3,508).
- ▶ Child Support Enforcement Division experienced the largest decline in number of cases (1,084).

Public Assistance Bureau Administers Three Programs

The Public Assistance Bureau administers three of Montana's most widely used public assistance programs: Temporary Assistance for Needy Families (TANF), Medicaid, and Food Stamps. The bureau's eligibility technicians manage caseloads for all three programs. The bureau has experienced more volatility in caseload numbers than other department programs. For example, the TANF program, as a percentage, had one of the largest declines in caseload (7.28 percent) while the Food Stamp program had one of the largest increases (13.71 percent). The bureau also had the highest increase in total numbers of cases, which increased by more than 3,600 cases between 1998 and 2003. This was mostly due to Food Stamps caseload increasing by approximately 3,500 cases.

Caseworkers In All Programs Believe Their Caseloads Have Increased

Even though department data shows statewide caseloads for many programs have either declined or remained fairly stable, our survey noted the majority of DPHHS caseworkers for all programs believe their individual caseloads have increased. For example, 72 percent of Child and Family Services Division (CFSD) social workers and 85 percent of Child Support Enforcement Division (CSED) investigators believe their caseloads have increased over the last several years. The chart on the following page provides related survey information for each program.



Department management indicated there are several reasons why caseworkers believe their caseloads have increased when this is not always supported by department data. Several of these reasons are discussed below:

- ▶ Stricter federal and state laws - Federal and state laws play a major role in activities for most DPHHS programs. Federal and state laws have placed more requirements on caseworkers to reach federally mandated goals in a more timely manner. For example, federal laws changed in 1998 requiring social workers to find permanent placements for children in foster care in a shorter period of time. These changes require social workers to get work completed more quickly.
- ▶ Staff turnover/limited staff experience - Some programs have experienced high levels of staff turnover and as a result, have staff with limited experience managing cases. For example, our survey noted 25 percent of caseworkers in the Child and Family Services Division, Adult Protective Services, and Vocational Rehabilitation have been employed three years or less. When

Chapter II – Caseload And Staffing Trends

staff turnover occurs, other caseworkers manage caseloads of caseworkers no longer employed.

- ▶ Vacancy savings - Vacancy savings is a budgeting tool that leaves FTE positions unfilled for a period of time to help programs meet their budgetary needs. Audit work found vacancy savings has contributed to higher caseloads for caseworkers in some programs. For example, the Child Support Enforcement Division had ten unfilled caseworker positions (approximately 13 percent of caseworker positions) to meet vacancy savings requirements. Other caseworkers must manage additional caseloads that would normally be managed by positions left vacant.
- ▶ Changing state demographics - Although statewide caseloads have remained stable or declined for several programs, certain regions of the state for these programs have experienced caseload increases. Department officials correlate these trends to changing demographics within the state. Specifically, population is increasing in the western part of the state. This is where most “regional” caseload growth has occurred because there is a higher need for program services. For example, caseloads for the Vocational Rehabilitation program have dropped in the eastern portions of the state and increased in the western and northwestern regions. Reports of child abuse have also seen shifts westward with the western and southwestern portions of the state accounting for approximately half of all reports.
- ▶ Clients requiring more acute care – Program managers indicated caseworkers are often managing clients with more severe disabilities than in the past. For example, statewide caseloads for the Vocational Rehabilitation program have only increased by approximately five percent. However, program officials indicated caseworkers believe caseloads have increased because they are often dealing with clients requiring more care due to higher levels of disabilities/needs. They attributed much of this to clients living longer and requiring higher levels of case management from caseworkers.

Conclusion: For most programs, the main impact on caseloads has been:

- 1. Changes in case management requirements, such as stricter federal or state laws, that give the perception individual caseloads increased even though caseloads remained stable.**
- 2. Staff turnover, vacancy savings, and shifting state population have increased caseloads for some caseworkers.**

Chapter II –Caseload And Staffing Trends

What Has Been The Trend In The Number Of Staff?

We reviewed legislative budgets from fiscal year 1997-98 through 2002-03 to determine if programs received new FTE to manage cases. Audit work found four of the six programs reviewed did not receive significant increases in funding for additional FTE. Since fiscal year 1997-98, the Public Assistance Bureau, the Developmental Disabilities program, and the Child Support Enforcement Division did not request or receive additional funding for FTE. The Vocational Rehabilitation program received a small FTE funding increase over the last five years.

Adult Protective Services (APS) and Child and Family Services Division (CFSD) received the largest increases in FTE funding during this time period. APS began the bulk of its operations in fiscal year 2000-01 when an internal department reorganization shifted program administration from CFSD to the Senior and Long Term Care Division. From fiscal years 2000-01 through 2002-03, APS received funding for additional FTE. Between fiscal years 1997-98 and 2002-03, CFSD also received increased FTE funding for caseworkers and non-caseworkers. These increases included social workers, permanency-planning specialists, eligibility specialists, and making modified FTE permanent positions. Additional funding in both APS and CFSD came from a combination of State Special Revenue, General Fund, and federal funds.

Conclusion: Child and Family Services Division and Adult Protective Services received the largest increase in FTE funding over the last six years.

Chapter III – Effective Caseload Management Systems Have Common Characteristics

Introduction

We identified a number of positive aspects in how several Department of Public Health and Human Services (DPHHS) programs are managing caseloads and the workload associated with these cases. This chapter discusses the differences between caseload and workload, describes the systems some programs use to manage them effectively, and outlines similarities we identified between programs that led to the creation of these systems.

There Are Differences Between Caseload and Workload

When agencies refer to caseload management, the terms caseload and workload are often used interchangeably. However, there are distinct differences between the two terms. Specifically, caseloads are the number of clients using a program's services. Workload is the amount of time required to perform specific tasks related to contacting and providing services to clients. There is no universally accepted caseload/workload management system, so flexibility exists in deciding how to best manage caseloads and corresponding workload. The primary control in caseload management is having sufficient data that allows managers to assess caseload and workload trends.

Federal Reporting Systems Compile caseload Information

All DPHHS programs we audited have management information systems to compile caseload data and report information to the federal government. Although federal reporting standards generally dictate the type of data maintained, each of these systems play a key role in caseload management for department programs. The following sections briefly describe the systems used and the kinds of information compiled.

- ▶ System for the Enforcement and Recovery of Child Support (SEARCHS) – SEARCHS is used by the Child Support Enforcement Division to manage the collection of child support payments. This database maintains large amounts of data related to child support cases, including locating absent parents, establishing paternity, and generating federally mandated reports of caseload data.

Chapter III – Effective Caseload Management Systems Have Common Characteristics

- ▶ Agency Wide Accounting and Client System (AWACS) – AWACS is used by the Disability Services Division to assist programs, such as Vocational Rehabilitation. This system assists division programs in tracking caseloads/clients, documenting services provided to clients, and ensuring payments are made to service providers.
- ▶ The Economic Assistance Management System (TEAMS) – The Public Assistance Bureau uses TEAMS to help make eligibility determinations and issue benefits for Temporary Assistance for Needy Families (TANF), Medicaid, and Food Stamps. TEAMS tracks caseloads for all three programs on a statewide and local level.
- ▶ Child and Adult Protective Services System (CAPS) – The Child and Family Services Division and Adult Protective Services use CAPS for several purposes. This includes automated case management and monitoring, service provider licensing, financial accounting, payments for services, and reporting of services provided to children and adults. The division also uses CAPS to provide information required by the federal government for the Nationwide Child Abuse and Neglect Data System.

Many Department Programs Have Effective Case Management

Most department services are provided by caseworkers working from regional/field offices around the state. This “decentralized nature” of DPHHS operations dictates the department effectively manage program caseloads and staff workload. Audit work noted four of the six programs reviewed have effective methods for managing staff caseloads and workload. These programs include the Child Support Enforcement Division (CSED), Developmental Disabilities (DD) program, the Vocational Rehabilitation (VR) program, and the Public Assistance Bureau (PAB). In general, program managers assess program caseload trends, verify the number of cases carried by caseworkers, measure workload associated with caseloads, prioritize workload activities, and reallocate program resources (i.e. staff) to where they are most needed.

Effective Methods Have Four Characteristics In Common

While the methods used by CSED, DD, VR, and PAB are not the same, we noted four common characteristics between these programs that led to more effective caseload/workload management. These characteristics include:

Chapter III – Effective Caseload Management Systems Have Common Characteristics

- ▶ Detailed policies and procedures related to caseload management.
- ▶ Federal data condensed into easier-to-use management reports.
- ▶ Defined criteria and controls for closing cases.
- ▶ Program management performing on-going assessment of program activities.

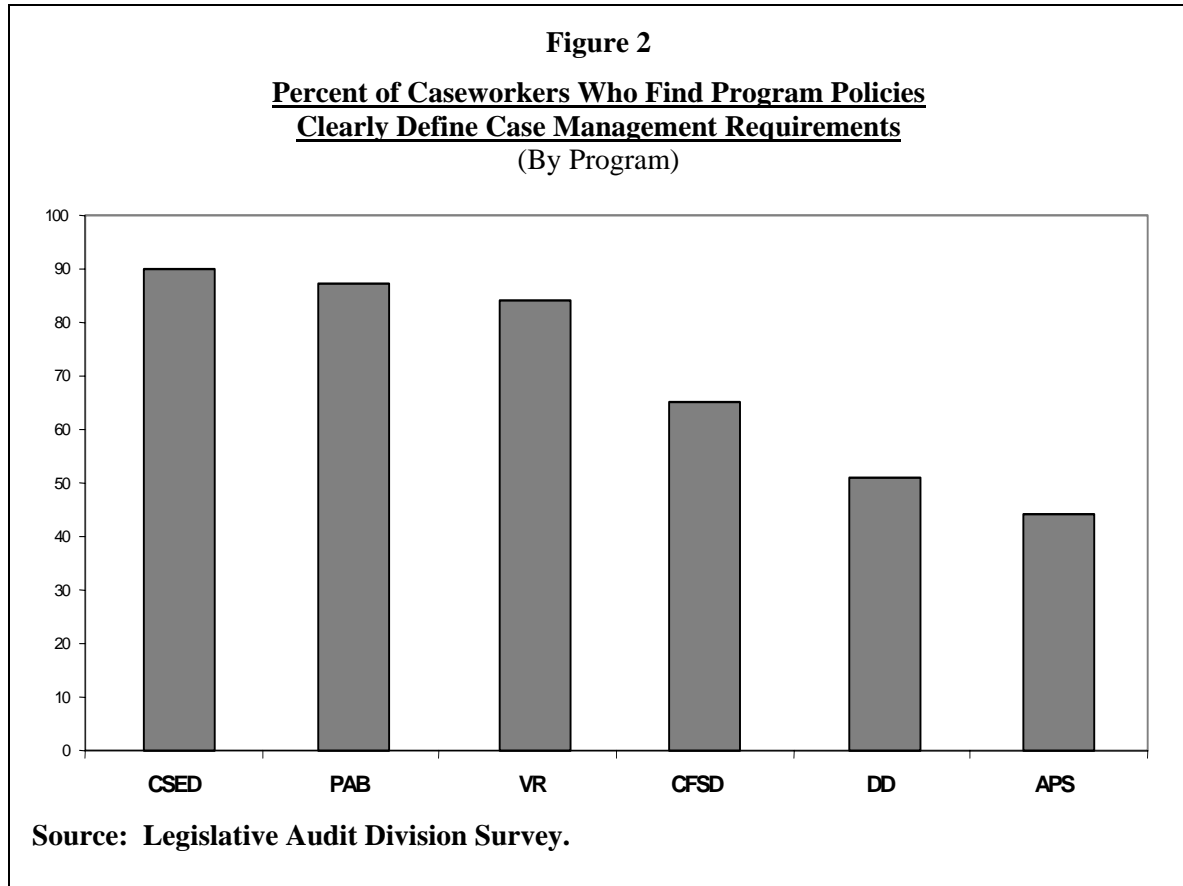
The following sections provide examples of best management practices employed by programs in each of these areas.

Detailed Policies and Procedures Related to Caseload Management

In order to effectively manage caseloads, programs should have policies clearly outlining requirements for caseload management. We noted the four programs with good systems in place generally had detailed written policies related to caseload management. For example, CSED has detailed policies and procedures for determining case management jurisdiction (tribal vs. non-tribal cases), assigning cases to caseworkers, and opening/updating case status. CSED's policies also clearly define the major workload areas for caseworkers including locating absent parents, establishing paternity, determining child support payment amounts, and enforcing delinquent child support payments. Our survey found CSED's policies and procedures are helpful to management and caseworkers in their efforts to manage caseloads.

Our survey found approximately 90 percent of caseworkers in CSED, PAB, and VR believe program policies clearly define case management requirements. The chart on the following page illustrates caseworker responses related to case management policies and procedures for each program.

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Federal Data Condensed Into Easier-To-Use Management Reports

As noted earlier, all the programs we reviewed use federal reporting systems to help manage caseloads. However, management cannot easily use information from these systems for caseload management. Oftentimes information is not readily available because staff or management must go through several “layers” of the database to get the information they need. To alleviate these problems, several programs, such as CSED, DD, and VR, are taking specific information they need from federal reporting systems and compiling it into more useable management reports. The following section discusses one of these examples in more detail.

CSED Reports

CSED uses SEARCHS to collect and report data related to child support cases. SEARCHS collects information that is needed for caseload and workload management, but the system is cumbersome to use for day-to-day case management activities. To address this,

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division management created a “significant activities report” to help manage the program’s caseload. This report is an Excel spreadsheet that is updated monthly and condenses information CSED management needs to manage caseload and workload into a single, one page report. Examples of caseload information tracked include the number of caseworkers in each region, the number of cases carried, and the status of each case. The significant activities report also tracks workload activities including support orders issued, telephone calls made, e-mails sent, face-to-face meetings conducted with clients, and the amount of money collected vs. the amount of money owed.

Low-Cost Alternatives Exist To Develop Caseload Management Reports

The caseload management reports developed by several department programs are low-cost alternatives to managing caseloads. Desktop computer applications, such as Excel spreadsheets, are used to track needed information rather than purchasing new systems or performing costly upgrades to federal systems. Audit work determined it is not necessary for programs to have new, potentially high-cost systems to enhance their ability to track caseloads for their programs. In addition, the programs that are using these systems are making the most efficient use of the resources they have. For example, since fiscal year 1997-98, funding for only 1.5 additional FTE has been approved for CSED, PAB, DD, and VR combined. According to agency management, they have not needed new staff because the reports they developed allow them to assess their resources and re-allocate them to the areas of the state where they are most needed.

Public Assistance Bureau Has Comprehensive Approach

Some DPHHS programs are also using federal reporting information to develop their own approach to manage caseload and workload. Their methodologies help management to determine how to best allocate/manage caseworkers and are used in conjunction with other case management information collected. For example, because the Public Assistance Bureau is responsible for administering three different public assistance programs, it was difficult for managers to administer caseloads and staff workload, and determine appropriate staffing levels for local Offices of Public Assistance. To address

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this, the bureau developed a comprehensive approach for managing caseloads and workload.

PAB's case management methodology uses a weighted caseload average to help evaluate needs and make decisions. This methodology helps management determine appropriate caseloads for staff, equalizes caseloads among caseworkers, and identifies specific numbers of staff each local Office of Public Assistance needs to manage cases for the three public assistance programs. The weighted caseload is calculated by using 33 different factors related to case management and workload activities. Other factors, such as the amount of time spent performing different tasks are also tracked. Management uses this information to determine if problems exist with staffing levels in local offices (over or under staffed) and transfers vacant FTE positions using this data. In summary, this method allows the Public Assistance Bureau to better manage caseload and workload, allocate staff to local offices where they are most needed, and reduces the need to request additional case management staff.

Clearly Defined Criteria and Controls For Closing Cases

An important part of caseload and workload management is closing cases when services are completed. To ensure this occurs, criteria for closing cases should be clearly defined and communicated to staff, and supervisors should verify cases are closed accordingly. We noted that DPPHS programs with effective methods for managing caseloads and workload had clear criteria for closing cases when services were completed. Case closure criteria are spelled out in federal regulations, program policies, or a combination of both. For example, federal regulations have established 12 conditions dictating when child support enforcement cases must be closed. To ensure staff and management fully understand when cases should be closed, all 12 conditions are defined in CSED policies. Caseworkers are also required to periodically review their caseloads and close any cases that meet one or more of the criteria. Additionally, performance appraisals for CSED caseworkers include their ability to close cases in a timely manner. We noted PAB, DD, and VR also

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have documented case closure criteria spelled out and the criteria are being followed.

Management Assesses Needs and Addresses Potential Problems

The role of management is to create effective operating environments for programs by establishing objectives, strategies, and policies and procedures. Management should also be proactive in assessing program needs and addressing potential problems. We noted the most common denominator between CSED, DD, VR, and PAB that led to effective program operations was this type of management philosophy. This resulted in a number of good management practices such as taking steps to help them better manage caseloads and staff workload. Caseload/workload management used by program managers allows them to respond to program service demands based on quantitative data. One common method used by these programs is using quality control specialists or internal auditors to conduct on-site reviews of cases and provide technical support in managing caseloads. As a result, these programs are able to reallocate resources to where they are most needed, manage caseloads within their budgets, and reduce the need to request new/additional resources.

Conclusion: In order for programs to effectively manage caseloads and workload, four characteristics must exist. These include detailed caseload management policies and procedures, usable management reports, defined criteria for closing cases, and on-going management assessment of program resources.

Chapter IV – DPHHS Can Improve How Caseload Is Managed

Introduction

The previous chapter discussed the four characteristics of effective caseload management. These included detailed policies and procedures, developing useful management reports, defining case closure criteria, and on-going assessment of program needs and addressing potential problems. We identified two programs, the Child and Family Services Division (CFSD) and Adult Protective Services (APS), which could improve caseload and workload management by further developing these four areas. This chapter discusses identified weaknesses and the steps needed by the department to improve their processes.

Policies and Procedure Are Not Detailed

Our survey found CFSD and APS caseworkers and program management did not believe sufficient policies and procedures existed for caseload/workload management. Neither believed policies and procedures existed to help equalize staff caseload/workload, clearly defined what a caseload is, or indicated when cases should be closed. Our review of policies and procedures for CFSD found no clear definition exists of what constitutes a social worker caseload (i.e. children or families) or when cases should be closed. As a result, case listings generally list family members as separate cases even though there may not be individual service requirements. In addition, interviews found that while social workers will close payment requirements for services, such as foster care, cases often are not removed from social workers case listings and continue to show as active cases. According to department officials, some of this may be due to limitations in the extent of data that can be input into department computer systems and others due to problems in communication between supervisors and staff.

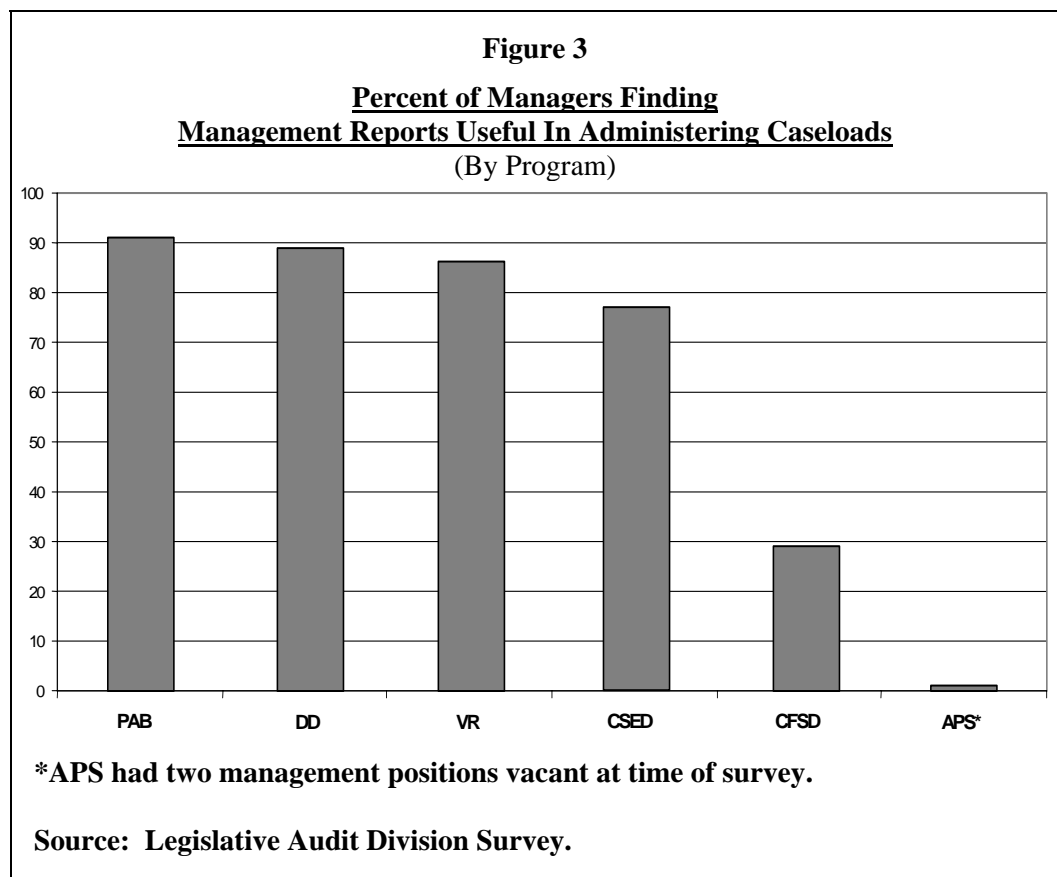
Management Reports Are Not Useful

Our survey also found management information for these two programs was not useful to staff and management for managing caseload/workload. For example, CFSD supervisors reported that improvements were needed to help them better manage caseloads of caseworkers. Current management reports are generated from the Child and Adult Protective Services (CAPS) system and provide

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limited detail on both caseloads and workload of staff. The reports provide limited data on the number of cases, work activities related to cases, or caseload trends on both an individual and program level. As a result, program management does not have information to help allocate program resources to where they are needed most. According to CFSD management, most of these decisions are based mainly on staff interviews.

Our survey results found CFSD and APS had the lowest percent of managers indicating management reports to be useful in administering staff caseloads. A higher percentage of managers in the other four programs found management reports useful. The following chart details manager opinions regarding report usefulness.



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APS Has Made Some Improvements in Caseload/Workload Management

While the APS program does not have a fully developed caseload/workload system, program management has made improvements in how staff caseload and workload is managed. For example, their managers periodically conduct random time studies of staff to track activities, assess staff travel, and gather some caseload information on a regional basis. However, the program can continue to improve its system by developing methods to more accurately track activities such as client visits, court hearings, work with community groups, and time spent on case file management (such as data entry and other documentation).

Better Information Could Mean More Effective Use of Resources

Audit work noted CFSD and APS funding increases were generally not based on quantifiable information regarding the need for additional resources. For example, funding increases approved for CFSD in FY 2000-01 were based on county population growth and higher county drug use instead of factors specifically related to increasing program caseloads or workload. We could not determine or conclude whether funding increases for additional FTE were needed because quantifiable data does not exist. Better information for managing caseloads and workload could help CFSD and APS better manage resources, justify requests for additional resources, and help the legislature make more informed decisions regarding resources for these two programs.

Conclusion:

- 1. CFSD and APS have the least amount of quantifiable caseload/workload information but received the most funding for additional FTE.**
- 2. Improvements in caseload/workload data could result in more efficient use of resources, justify the need for additional resources, and help the legislature make more informed decisions regarding resource needs.**

CFSD and APS Could Improve How Caseload/Workload is Managed

We noted CFSD and APS could improve their systems for managing workload and caseload. In general, we noted both programs lacked easy-to-use data related to caseload and workload activities. Consequently, the programs are limited in their abilities to manage

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their resources. Both CFSD and APS generally rely on the Child and CAPS system to provide most of their data regarding caseloads. However, this system does not track or provide specific data related to staff workload.

Child Welfare League Recommends a Caseload/Workload Tracking System

The Child Welfare League of America (CWLA) is a national child welfare organization with a goal of helping state and local agencies (public and private) develop procedures and standards to ensure high-quality services and management practices. CWLA has established specific standards for caseload/workload management applicable to programs providing child protective services. However, these standards can also apply to programs providing adult protective services since these programs are similar in nature.

CWLA standards are similar to effective caseload/workload management practices followed by department programs discussed in chapter III. Information obtained from CWLA suggests a proactive approach to managing caseloads and activities to best manage caseworkers and other program resources. Specifically, CWLA information outlined the importance for programs like CFSD and APS to track not only caseloads, but also staff activities (i.e. workload) to help management make more informed decisions related to caseload distribution and staffing needs. Examples of activities CWLA recommends tracking include:

- ▶ Travel
- ▶ Client visits and outreach activities
- ▶ Court hearings/schedules
- ▶ Emergencies interrupting normal work schedules
- ▶ Supervision
- ▶ Work with community groups
- ▶ Staff meetings, training, other administrative functions
- ▶ Case management/documentation, case recording/data entry
- ▶ Telephone contacts, e-mails

Programs such as the Public Assistance Bureau, Vocational Rehabilitation, and Child Support Enforcement Division track staff activities to better manage the use of program resources. CFSD and APS management stated a major reason their programs lack data is

Chapter IV – DPHHS Can Improve How Caseload Is Managed

because the programs often provide “involuntary” services and it is difficult to track these kinds of activities. Interviews with program management found they did not know how or believe it was possible to quantify specific program activities of the program, such as court hearings or emergencies. However, information from CWLA indicated it is not only possible, but also important to track caseload and workload activities to effectively manage program resources.

Department Management Should Provide More Guidance by Developing Management Strategies

Interviews with members from the Health and Human Services Appropriation Subcommittee found they expect the department to manage caseload/workload to ensure existing resources are used in an effective manner. We identified four programs within DPHHS whose caseload/workload management systems are providing for effective management of caseloads and resources. The systems used by these programs could also be useful to CFSD and APS in developing efficient, low-cost caseload/workload management systems. One reason neither CFSD nor APS have developed effective systems for managing caseloads is because the department does not have a process for programs to share information.

DPHHS needs to develop an on-going process for department programs to share caseload/workload management ideas. This would not only help APS and CFSD develop systems to better manage staff caseloads and workload, but could be beneficial to other programs in further strengthening their systems. One way of doing this is for programs to develop management strategies on how caseloads should be managed and sharing this information between programs. These strategies should contain the four main elements of caseload management including policies and procedures, useful management reports, case closure, and on-going management assessment of potential problems and successes.

Department management agrees CFSD and APS can improve how they manage staff caseloads and workload. The department is in the process of establishing an Office of Planning, Coordination and Analysis, which should help make needed improvements. This office will provide oversight over all department programs in terms

Chapter IV – DPHHS Can Improve How Caseload Is Managed

of planning and coordination of activities. In addition, it will develop data and reports of program statistics and trends that are usable to department and division management.

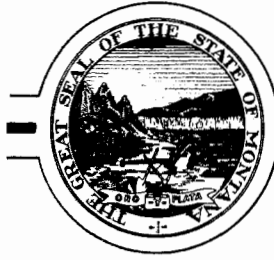
Recommendation #1

We recommend the department improve caseload/workload management by developing and implementing management strategies that include the following:

- A. Developing caseload/workload management policies and procedures.**
- B. Establishing more useful management reports using existing software.**
- C. Defining criteria for closing cases.**
- D. Performing on-going management assessment of program activities.**

Agency Response

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



JUDY MARTZ
GOVERNOR

GAIL GRAY, Ed.D.
DIRECTOR

STATE OF MONTANA

RECEIVED

SEP 10 2004

LEGISLATIVE AUDIT DIV.

September 7, 2004

Mr. Scott A. Seacat
Legislative Auditor
Office of the Legislative Auditor
State Capitol, Room 160
Helena, Montana 59620-1705

Dear Mr. Seacat:

The Department of Public Health and Human Services (DPHHS) has reviewed the Caseload Management performance audit. The department concurs with the recommendation and will implement the suggested management strategies. Each affected division is developing an audit corrective action plan.

We appreciate the effort that has gone into your examination of DPHHS processes and policies and appreciate the thoughtfulness and professionalism displayed by your staff throughout the audit process.

Please contact me if you have questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gail Gray".

Gail Gray, Ed.D
Director

Cc Marie Matthews
Carol Bondy
Shirley Brown
Lonnie Olson
Hank Hudson
Joe Mathews
Kelly Williams